

**Submission
No 65**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Submission to the Parliamentary Inquiry into support for new parents and babies in New South Wales

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Executive Summary

- Recommendations

The NSW Government note Volunteer Family Connect (VFC):

The VFC research consists of a Randomised Control Trial (RCT) and Social Return on Investment (SROI) with information being released throughout 2018 – 2019. The predictive SROI (2016) can be used as evidence for the development of strategy especially with regards to investing in and scaling up / replicating early intervention programs for new parents and their babies.

The findings of the predictive SROI include:

- *VFC creates value not only for families but also volunteers, service providers, and government.*
- *VFC volunteers have high levels of experience and qualifications.*
- *VFC fills a gap and plays a key role in the continuum of family support service that ranges from playgroups through to intensive support services; VFC can fulfill a step up and step down role for new parents and babies needing support.*
- *VFC's role in the service continuum creates value for Government in terms of cost savings, cost avoidance and improved value for money.*

All data collection for all arms of the program of research will be complete at the end of July 2018, and findings available from the end of 2018 through to early 2019. The data that support the findings of this study can be made available to the NSW government at the conclusion of the research.

In an area such as volunteering that covers all sectors and age ranges, the ability to link evidence across the lifecycle and within frames that provide cost effectiveness becomes imperative. VFC is a key player in this spectrum and available to be aligned and work in alignment for the betterment of a flourishing society particularly for new parents and their babies.

The Inquiry

The Parliamentary Inquiry into support for new parents and babies in New South Wales (the Inquiry) is an inquiry focused on ways to improve physical health, mental health and child protection outcomes for new parents and babies. Operated by the Legislative Assembly Committee on Community Services, the Inquiry will hear from parents and all interested groups about the services available to new parents. The Committee will also consider areas of disadvantage in relation to babies' health outcomes. Models of support for new parents in other jurisdictions and the role of technology in enhancing support services will be examined.

Volunteer Family Connect (VFC) represents a collaborative joint alliance and welcomes the opportunity to provide this submission to the Inquiry. Consisting of three leading parenting services providers (Karitane, The Benevolent Society, Save The Children Australia) supported by rigorous evidence and return on investment (Macquarie University, Western Sydney University, Ernst & Young), VFC has an in-depth understanding of the issues affecting the support for new parents and babies in New South Wales. This includes the issues impacting families accessing services, families with multiples risk factors and vulnerabilities, as well as issues facing service providers, workforce and Parenting support services as a whole. The VFC joint alliance would welcome the opportunity to discuss these issues in more depth with the Committee.

About Volunteer Family Connect (VFC)

Commencing in 2012 the Volunteer Family Connect (VFC) project was established. VFC is a multi-state, comprehensive program of research and high quality program implementation led by a collaborative joint alliance including three leading parenting services providers, two Universities, one Corporate with eight years of funding underwritten by an anonymous donor.

VFC involves the matching of families with young children who are isolated and/or lacking in parenting confidence with specially trained community volunteers, who provide weekly support for a 3-12 month period depending on the needs of the family. The current randomized control trial (RCT) research is rigorously examining the outcomes for vulnerable families who receive support from the VFC program, as well as for the volunteers who deliver the service. In addition, the research includes a social return on investment (SROI) analysis. This is a landmark study, and will make an important contribution to the Australian and international evidence-base demonstrating the value of volunteering, and its role within child and family services.

1. Adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies

1.1 Strengths of the current system

The child and family health sector has a number of strengths that enable it to deliver high quality support services to families in need. The system offers a range of support types to meet the needs of different family types, and actively considers the needs of new parents in service delivery. VFC recognises there is a clear difference, for example, in the difficulties faced by teenage parents and grandparent carers and these differences are usually met through specific service delivery.

1.2.Challenges

- *Lack of support for Primary Parenting Support Services*

The VFC joint alliance is concerned that universal/primary interventions are being neglected due to current sectoral fragmentation, leading to a greater number of presentations at the secondary and tertiary stages. For example, parents are being referred to parenting services such as Karitane Parenting Centres with minor adjustment to parenthood issues. These issues should be managed through universal/primary services, but decreased access and availability of services in the primary sector has resulted in limited choices for support. This can be prohibitive for families who have increased vulnerability and risk. This also has a significant impact on waitlists for key secondary and tertiary services.

Since the introduction of the Universal Health Home Visit (UHHV) program, efforts at NSW Health in the primary service delivery has been highly focused on achieving set KPIs for UHHV. This has also resulted in a reduction in secondary services availability across the state. Across all parent services delivery organisations within the VFC joint alliance demand for services has increased, but access is restricted due to set geographical boundaries and limitations of access.

There has also been a noted an increase in number of tertiary referrals due to a lack of primary and secondary services. Families are limited in their choice of alternative supports, and are therefore entering inpatient care models, when they could and should be treated in the community. This reduces the availability of inpatient care to families experiencing high levels of need and displaying multiple significant risk factors and creates significant delays in service access due to long waiting lists.

- *Insecure funding*

The current funding model for support services for new parents and babies in NSW is fragmented, insecure and unsustainable. Funding is siloed and piecemeal, with unclear roles for key government funding organisations such as the NSW Ministry of Health, the NSW Department of Family and Community Services, and the Federal Department of Social Services. This has significant flow-on impacts, including workforce impacts, strategic planning impacts, overlap of service delivery, under serviced areas, and substantial regulatory burden.

Scarcity of funding creates considerable problems for service providers, limiting their ability to deliver long-term strategic vision for their organisation or their sector. Significant

competition between service providers for scarce funding resources magnifies financial instability, increasing risk in developing and delivering innovative services.

Time-limited funding means staff are often employed on year-to-year contracts, reducing staff retention as skilled workers seek greater job security. Ongoing uncertainty around funding contracts (short term funding cycles for parenting programs) creates instability in workforces and limits necessary capital investment.

While prevention and early intervention approaches have demonstrable return on investment, current funding arrangements are not appropriately targeted at evidence-based models of support. A significant proportion of NSW services delivered to new parents and babies rely on philanthropy and the generosity of high net worth individuals.

- [Lack of coordination](#)

Lack of co-ordination between key government funding agencies such as the NSW Ministry of Health, the NSW Department of Family and Community Services, and the Federal Department of Social Services has resulted in incidences of over-supply of services of a particular type or to a particular cohort, leaving other cohorts and service types unfunded. There is a perception of inequitable processes in securing funds, and a lack of transparency and information in tender processes and funding negotiations.

Parenting Support Services are diverse and fragmented with unclear roles for each provider. A large number of service providers operate in this field, but it is unclear what services each provider delivers, and what expertise and competencies each player brings. This leads to confusion in service delivery and access for vulnerable families who may struggle to understand their options.

- [Lack of agreed workforce models](#)

Across Parenting support services, there are no set standards for staff ratios in essential programs, such as parenting residential units. This leads to inconsistent service delivery to vulnerable families, who may receive a different standard of service and a different level of care depending on which service provider they are referred to. The VFC trail is creating a best practice guide to usage of Volunteers including ratios and dosage levels.

- [Lack of collaboration between parenting support services.](#)

While Parenting support services are generally highly collaborative, intense competition for scarce funding can lead to service providers being hesitant to collaborate. Perceptions of inequitable funding processes and lack of transparency around funding negotiations can also lead to distrust between service providers, reducing collaboration opportunities and potentially reducing opportunities to reach vulnerable cohorts. Although NSW Ministry of Health, the NSW Department of Family and Community Services, and the Federal Department of Social Services all fund 'early intervention' services, this is done in an uncoordinated way. Each agency defines early intervention differently, and thresholds for admission to services are sometimes unclear and often subjective. For primary and universal level services, collaboration and service awareness must be considered. Many new parents

who would gain considerable benefits from support services have no awareness of the existence of such supports, or how to access them.

- **Demand outstripping supply**

Demand for services supporting babies and new parents will continue to grow as the population of NSW grows over coming decades. The population of South Western Sydney alone is expected to grow from 875,763 people in 2011 to 1.256 million in 2031 (SWSLHD). Without increased investment, particularly in primary service delivery, Parenting support services will be unable to cope with this increased demand.

- **Lack of streamlined Intake**

At present, there is a lack of a streamlined or central intake process and system that identifies family support needs and provides triage to ensure families reach the most appropriate service delivered by the most appropriate provider.

Without a standard intake system, it is difficult to identify all valid indicators of social and health problems that would match families to appropriate pathways of care. Significant variations in threshold criteria across funding streams further complicate matters, as does disparities in the definition of early intervention. There is no agreed 'admission criteria' in NSW that defines the threshold for admission to services, nor any agreed model of care or standard clinical pathways that can be applied once parenting needs are identified. This leads to inconsistent service delivery, with services rendered dependent on subjective assessments.

Improved intake screening has the potential to more rapidly identify families experiencing key risk factors and ensure they can access the right support in a timely manner. This includes greater access to primary services before issues escalate, reducing demand on already oversubscribed secondary and tertiary services and providing more cost effective outcomes.

Ideally, intake assessments are also delivered by a workforce with a highly-developed understanding of trauma-informed care and the complex needs of families with multigenerational trauma. Intake must be underpinned by a model that supports engagement and interrupts the transmission of trauma across generations.

- **Limited Access to services**

Vulnerable families experience significant barriers in accessing relevant, appropriate support services. Aboriginal and Torres Strait Islander families, CALD families, and families with disability all experience specific difficulties in service access.

Lack of interpreters and bilingual workforce are key issues in trying to reach CALD communities. In South Western Sydney, 74% of residents speak a language other than English. Amongst recent humanitarian arrivals, 78% speak no English, and the need for support services is high.

Interpreters can be cost-prohibitive and are not always available. Use of interpreters can interfere with the building of trust and rapport between program staff and vulnerable

families, and this can be exacerbated when the same interpreter is not available for each session, reducing continuity of care. Bilingual clinicians and support workers would greatly benefit service delivery, but these highly skilled people are hard to come by. Volunteers with bilingual skills play an important role in connecting with parents and babies particularly when trust is paramount.

Parenting Support Services often lack Aboriginal support staff to help engage with Aboriginal families who are experiencing parenting issues. Culturally appropriate service delivery is essential in delivering services to this group, and Aboriginal support workers are a key part of developing the right services.

Disability access is a common issue throughout services. Families with disability may be unable to access facilities where services are delivered. Old-fashioned premises with inaccessible facilities prevents this key group from accessing services, while limitation on funds available for capital works prevents improvements being made. Better physical access is essential in meeting the needs of families with disability. In particular facilities that enable integrated teams (including Volunteers) to work closely together around the support provided for parents and their babies.

- [Lack of robust benchmarking](#)

Lack of robust benchmarking across Parenting support services in terms of efficiency and effectiveness outcomes, and a lack of clarity over which organisations provide effective service delivery. There is a lack of agreement on which outcomes demonstrate the effectiveness of care. Evidence-based programs are not always delivered by appropriately trained professionals to the right clients that require that particular program. The VFC joint alliance has concerns that in some instances, other service providers consider that any evidence-based program can be delivered to any family. Such programs are not tailored to specific needs of the family, but are more based on what the service provider is offering. Further, programs are not always delivered with the required program integrity, leading to patchy outcomes and inconsistent delivery.

Further, the programs that do have strong evidence for efficacy and effectiveness are often underinvested. The VFC trial provides a robust randomized control (RCT) and Social Return on Investment (SROI) where robust benchmarking for the development of strategy, especially with regards to investing in and scaling up, and replicating programs to support parent and babies.

- [Workforce gaps](#)

There is a lack of an appropriately skilled and trained workforce, especially Child and Family Health nurses and perinatal infant Psychiatrists. There is no coordinated workforce plan at the NSW state level to replenish the child and family health nursing workforce as existing workers approach retirement. This is exacerbated by low remuneration, difficulties recruiting and retaining qualified practitioners, and poorly defined career paths, with problems more pronounced in rural and regional areas. New graduate programs, incentive schemes, and improved pay and conditions could all help to attract more people to training and entering Parenting support services. Volunteering can provide a key role in this and productivity issues from part of the VFC research.

2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes

A range of changes could be made to support improvements across the child and family health and perinatal infant mental health parenting support services. These changes include greater emphasis on early intervention & prevention, clear alignment of services with client need, specific funding for proven evidence-based programs and better coordination between siloed services. All these changes are best supported by adding volunteer support (early findings of Volunteer Family Connect trial) that compliments existing services in a 'step up and step down' structure.

VFC fills a gap and can fulfil a step up and step down role for the support of parents and their babies. VFC leverages the strengths of the volunteer led service building trust with families to identify their real needs, vulnerabilities and capabilities. The relationship between the Volunteer and families can facilitate referrals in to other services (e.g. relationships), early intervention (e.g. developmental delay) and prevention (e.g. risk of serious harm). Early findings of the VFC trial is its role in the service continuum creating value for Government in terms of cost savings, cost avoidance and improved value for money. Greater investment in early intervention and prevention

- *Improved cultural sensitivity*

The government should invest in specific early intervention and prevention (primary and universal) services. By focusing only on problems that already exist, crucial opportunities are being missed to prevent problems from escalating in the first place. Through Volunteers better early intervention & prevention will reduce the load of secondary and tertiary services. Service delivery should be varied to suit the wide range of families, needs and specific vulnerabilities.

- *Improved cultural sensitivity*

Improved cultural sensitivity has the potential to dramatically improve service access and effectiveness for Indigenous and CALD families. Delivering services that are culturally appropriate to the wide range of cultures that comprise our multicultural society is not simple, but it will yield significantly better outcomes for families. The use of volunteers that come from these multicultural societies is two pronged as important employment skills particularly around language become further developed enabling an increase in productivity and employment.

- *Services more clearly aligned with client need*

Services must be structured to meet clients' needs, rather than delivering a prescribed program which may not actually be what each family requires. Programs must be evidence based, delivered by appropriately trained professionals who have a deep understanding of attachment theory, and delivered to the right clients at the right time. When combined with equally trained Volunteers who work within clear boundaries the work load can be shared with client needs being further consolidated. Clearly defined universal and tiered parenting services will support this.

- *Improved governance and accountability*

There needs to be clearer requirements for service providers and systems to have robust governance and accountability to ensure and maintain quality service delivery to vulnerable families. Existing service providers should be mapped, including their governance structure, qualifications and competencies of their workforce. The maps should include which evidence-based programs are being offered, and whether any specific cohort is being targeted. This will support more effective service and funding planning, enable areas of overlap and under servicing to be identified, and identify opportunities for collaboration. VFC plays a key part in the mapping process not only as an evidence based program but the clarity of return on investment to influence such reframing.

- *Funding for evidence-based programs*

Funding should be directed to evidence-based programs that have demonstrable outcomes. Programs supporting new parents and babies must be evidence based. Programs that have not yet been evaluated but that demonstrate a strong program logic and are likely to have positive outcomes should not be excluded, but programs that have strong evidence base should be prioritised.

- *Improved data collection to better target services*

Clear metrics should be defined so that services can be more effectively targeted to where they are likely to have the greatest impact. Effective data capture will help identify the extent of the demand for services, enabling more useful planning, service design and delivery. Data as gathered in the VFC RCT and SROI is at the purest form to be found within human services trails and therefore offers not only a state of the art methodology but access to representative data that would benefit from longevity support.

- *Better coordination between siloed services*

Siloing of services is common, and can have negative impact for service users. Key related silos, such as mental health, child protection, family violence and drug & alcohol services, need to have much more effective support for collaboration between services to ensure that the best outcomes are achieved for children and their families. VFC provides a most suitable platform that enables and joins up all services.

- *Reduced burden of regulation*

Multiple funding programs delivered through multiple funding bodies each with different reporting, governance, accountability and acquittal requirements has created a substantial regulatory burden and high corporate overheads. A regulation reduction program – without losing key safeguards ensuring accountability and quality – would support Parenting support services to become more agile, reducing overheads and directing more funds into key programmatic outputs.

3. Specific areas of disadvantage or challenge in relation to health outcomes for babies

Parenting challenges can affect people from all walks of life, including families without risk factors, and families with multiple complex risk factors. It is essential that the right support service is delivered to the right family at the right time. There needs to be a focus on early intervention and preventative measures as well as universal service delivery to ensure that less complex problems can be mitigated, reserving secondary and tertiary services for families with complex risk factors.

The VFC joint alliance considers that the following groups are likely to display multiple complex risk factors in relation to health outcomes for babies and that special attention needs to be paid to ensuring services are available and accessible to these groups:

- Single parents
- Teenage parents
- Young women and men in custody who are pregnant or parenting
- Culturally and Linguistically Diverse families
- Indigenous families
- Families who have limited ability to communicate in English
- Families with refugee backgrounds, including recent humanitarian arrivals
- Families who have experienced trauma
- Families that have a history of family violence
- Families with child protection concerns
- Families that have a history of drug or alcohol misuse
- Families with an intergenerational history of disadvantage
- Families experiencing mental health problems
- Families with disability
- Families residing in remote locations.
- Foster, Kin and Guardianship carers

- **Trauma informed care**

The VFC joint alliance has identified a steady and continuing increase in service referrals for complex families and CALD families. Many of these families have refugee backgrounds, or have migrated from countries where they have experienced considerable adversity and trauma. Accessing interpreters for these CALD families who have limited English language skills remains

a challenge, and can impact continuity of care. It is essential that these families are provided with an appropriate trauma-informed service.

Families who have experienced trauma can be difficult to engage, at times reactive, and challenging to substantially improve outcomes. These families need a skilled workforce and a clear model of care to ameliorate the insidious impact of transgenerational transmission of trauma on children and families.

A skilled trauma-informed workforce is better able to identify what works for each family and targets resources where they are most effective. For example, parenting education classes may not be an effective way to engage with or intervene with families who have experienced trauma. Such families may respond better to individualised services or mentoring services. In The VFC trial the use of volunteers particularly around family engagement provides the relevant support that enables individualized services to be best maximized.

In NSW, service providers are generally good at identifying families with concerns around trauma. However there is a lack of clarity around who has the skills to work with complex families and which service providers are responsible for their care. There also needs to be consideration for additional training and support to frontline workers who encounter these families.

Treatment guidelines should be established for the treatment of families with multigenerational trauma to ensure a more consistent, effective approach to support. A specialist service should be funded to provide training and support to frontline worker to implement a trauma informed approach in the management of complex families. It is proposed that VFC trained Volunteers would play an important part in these treatment guidelines.

4. Models of support provided in other jurisdictions to support new parents and promote the health of babies

A wide range of models of support exist in other jurisdictions that could inform an improved model of care in NSW. There is growing evidence internationally that there is strong economic benefit in investment in early intervention and prevention programs, with multiple studies detailing specific ROI estimations. The Washington State Institute for Public Policy is the leading international agency for estimating returns on prevention.

The VFC joint alliance understands how the collective is leading the world on its dual methodology (RCT and SROI) and with the focus on Volunteers. Other recognized and recommended models include: -

- Victorian/Queensland models of care for admission to Parenting residential units
- US models of PCIT (PCIT International)
- NZ models of early intervention & prevention – shopping centre access models (Plunkett Centre)

5. Opportunities for new and emerging technology to enhance support for new parents and babies

VFC currently works across urban and rural communities and differing ways supporting new parents and babies must be explored. In the closer urban communities drop in clinics with integrated teams are possible to find. Where volunteering work best is when it is included in such practice. In more rural areas challenges include physical isolation and technology becomes both an opportunity and source of important contact between parents and babies and their volunteer.

As part of the trial clear recommendation of forms of New and emerging technology to enhance support for new parents and babies will be promoted. It would be advantageous if this robust information could be considered to aid future decision around emerging technology needs

6. Other related matters

- The need for services that support parents and babies

The transition to parenting can be difficult, and can be made more complex by a range of risk factors and vulnerabilities in families. Parental support is one of the critical challenges of our time, with one in seven women and one in ten men suffering from postnatal depression or anxiety. Mental health concerns in parents, including depression and anxiety, have been shown to negatively impact the formation of strong attachment relationships between babies and their parents, and impact the achievement of key developmental milestones. The First 1000 days Evidence Paper states:

“During the first 1000 days, the developing foetus and infant are at their most vulnerable to external exposures and experiences, good or otherwise. At the same time, developmental plasticity is at its greatest, giving us the biological capacity to adapt to the particular physical, social, and nutritional worlds we are born into. Adapting to adverse experiences may help in the short term but have negative biological and developmental implications in the long-term.”

Parenting difficulties can impact parents from all walks of life, including those with multiple complex risk factors and those without any additional risk factors. Parenting support resources are not always readily available, or evidence-based, and may provide conflicting advice.

- Social and economic benefits

Investment in early childhood and parenting services is often perceived as an economic drain, but it is imperative to consider the long-term economic benefits of these services from a perspective of social investment.

Access Economics determined in 2010 that the value of benefits from intervening in childhood and early adolescence is around \$5.4 billion. Numerous studies around the world have demonstrated clear monetary return on investment (ROI) for a range of parenting support

programs. The VFC SROI creates value for Government in terms of cost savings, cost avoidance and improved value for money.

Further information on Volunteer Family Connect can be found at www.volunteerfamilyconnect.or.au or Volunteer Family Connect Champion Dr Jayne Meyer Tucker [REDACTED]